

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

Billing Questions: 800-854-7642  
Website: www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
January 11, 2017 to February 7, 2017

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$53.64
- Payments	\$53.02
- Other Credits	\$0.00
+ Purchases	\$280.44
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.62-
= New Balance	\$280.44
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,719.00
Statement Closing Date	February 7, 2017
Days in Billing Cycle	28

**PAYMENT INFORMATION**

New Balance: \$280.44  
Minimum Payment Due: \$10.00  
Payment Due Date: March 4, 2017

42101-5392 #280.44 Finance Check

**MESSAGES**

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/02	01/02	F1485000U000LM505	PAYMENT - THANK YOU	\$53.02-
01/02	01/02		*FINANCE CHARGE* PREV CYCLE PURCHASES	\$0.62-
01/28	01/28	55432860W00A91WRX	EMBASSY SUITES COLUMBI COLUMBIA SC	\$280.44 ✓
		CHECK-IN 01/28/17	FOLIO #008527	

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170207 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 14691

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$280.44  
Minimum Payment Due: \$10.00  
Payment Due Date: March 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025

S DUANE LEWIS  
BERKELEY CO SHER DEPT 14691  
PO BOX 6122 H102  
MONCKS CORNER SC 29461-6120

559494006140013900001000000280449

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX [REDACTED]

ANNUAL FEE TO BE BILLED NEXT STATEMENT: \$10.00  
ANNUAL PERCENTAGE RATE: SEE BELOW GRACE PERIOD: 25 DAYS  
MINIMUM FINANCE CHARGE: NONE TRANSACTION FEE: NONE  
INTEREST IS CHARGED ON THE AVERAGE DAILY BALANCE (INCLUDING  
NEW PURCHASES). IF YOU WISH TO CANCEL YOUR ACCOUNT TO AVOID  
PAYING THE ANNUAL FEE, WRITE US WITHIN 30 DAYS OF THE ANNUAL  
FEE POSTING. IF YOU NOTIFY US THAT YOU WISH TO CANCEL YOUR  
ACCOUNT, YOU MAY USE YOUR CARDS DURING THE 30 DAY PERIOD  
WITHOUT PAYING THE ANNUAL FEE, BUT AFTER THAT 30 DAYS YOU  
MUST RETURN THE CARDS TO US. YOU MAY THEN PAY YOUR BALANCE  
IN MINIMUM MONTHLY PAYMENTS.

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	28	\$0.00
Cash Advances	20.49% (v)	\$0.00	28	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.



EMBASSY SUITES COLUMBIA  
200 STONERIDGE DRIVE  
COLUMBIA, SC 29210  
United States of America  
TELEPHONE 803-252-8700 • FAX 803-256-8749  
Reservations  
[www.embassysuites.com](http://www.embassysuites.com) or 1 800 EMBASSY

LEWIS, DUANE  
PO BOX 6122  
MONCKS CORNER SC 29461  
UNITED STATES OF AMERICA

Room No: 734/KNGN  
Arrival Date: 1/25/2017 8:35:00 PM  
Departure Date: 1/27/2017 10:46:00 AM  
Adult/Child: 1/0  
Cashier ID: LGOODMAN  
Room Rate: 123.00  
AL:  
HH #  
VAT #  
Folio No/Che 852726 A

Confirmation Number: 85184408

EMBASSY SUITES COLUMBIA 1/27/2017 10:45:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
1/25/2017	3574885	GUEST ROOM	\$123.00
1/25/2017	3574885	STATE TAX	\$8.61
1/25/2017	3574885	CITY TAX	\$6.15
1/25/2017	3574885	DESTINATION MARKETING FEE	\$2.46
1/26/2017	3575322	GUEST ROOM	\$123.00
1/26/2017	3575322	STATE TAX	\$8.61
1/26/2017	3575322	CITY TAX	\$6.15
1/26/2017	3575322	DESTINATION MARKETING FEE	\$2.46
1/27/2017	3575472	MC *0139	(\$280.44)
**BALANCE**			\$0.00

#### EXPENSE REPORT SUMMARY

	1/25/2017	1/26/2017	STAY TOTAL
ROOM AND TAX	\$140.22	\$140.22	\$280.44
DAILY TOTAL	\$140.22	\$140.22	\$280.44

#### CREDIT CARD DETAIL

APPR CODE	02531G	MERCHANT ID	41046330098
CARD NUMBER	MC *0139	EXP DATE	02/19
TRANSACTION ID	3575472	TRANS TYPE	Sale

*Sheriff's Association Award - List*

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

**Billing Questions:** 800-854-7642      **Website:** [www.24-7cardaccess.com](http://www.24-7cardaccess.com)

**Send Billing Inquiries To:**  
P.O. Box 2988 Omaha NE 68103

**FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement**  
**February 8, 2017 to March 10, 2017**

## SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$280.44
- Payments	\$280.44
- Other Credits	\$0.00
+ Purchases	\$38.56
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$38.56
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,961.00
Statement Closing Date	March 10, 2017
Days in Billing Cycle	31

## PAYMENT INFORMATION

New Balance:	\$38.56
Minimum Payment Due:	\$10.00
Payment Due Date:	April 4, 2017

## MESSAGES

**Privacy Notice -** Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
02/25	02/25	85421201X00Y30Z5W	PAYMENT - THANK YOU	\$280.44-
02/16	02/16	55444361F2MHLGPQ1	ROSETTAS MONCKS CORNER SC 42101-5560 # check	\$38.56 ✓

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170310 0 PAGE 1 OF 2 10 1485 0000 BS1 01AB5106 13166

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$38.56  
Minimum Payment Due: \$10.00

Please complete and enclose the bottom portion for proper credit.

Payment Due Date: April 4, 2017

Amount Enclosed: \$

1

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-502

S DUANE LEWIS 13166  
BERKELEY CO SHER DEPT H103  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

5594940061400139000010000000038565

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX 0139

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

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CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

ROSETTAS  
411 CORNER SQUARE  
MONCKS CORNER, SC 29461  
8437614875

Cashier: Emmarettal Lloyd  
15-Feb-2017 12:22:46P

Transaction 001901

3 Custom Item	\$23.97
3 Custom Item	\$5.25
<b>Subtotal</b>	<b>\$29.22</b>
Tax	\$2.34
<b>Total</b>	<b>\$31.56</b>
CREDIT CARD AUTH	\$31.56
MASTERCARD 0139	
Tip	<u>7.00</u>
<b>Total</b>	<u><b>38.56</b></u>

Retain this copy for statement validation

15-Feb-2017 12:22:46P  
\$31.56 | Method: SWIPED  
MASTERCARD XXXXXXXXXXXX0139  
Ref #: 704600527631 | Auth #: 01594G  
MID: \*\*\*\*\*6888  
AthNtwkNm: MASTERCARD  
SIGNATURE VERIFIED

Order EOAHBN TQ70V18

Online: [https://clover.com/p/  
V1B347E754V9C](https://clover.com/p/V1B347E754V9C)



V1B347E754V9C

BACU \*

Lunch Meeting w/  
Mayor Mike Locklear  
Chief Miss Cochran

Ref: Seizures

42101-5560 \$31.56  
check # 7.00  
\$38.56

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

**Billing Questions:**  
800-854-7642

Website:

**Send Billing Inquiries To:**  
P.O. Box 2988, Omaha, NE 68103

**FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement**  
**March 11, 2017 to April 9, 2017**

## SUMMARY OF ACCOUNT ACTIVITY

<b>Previous Balance</b>	\$38.56
- <b>Payments</b>	\$38.56
- <b>Other Credits</b>	\$0.00
+ <b>Purchases</b>	\$94.36
+ <b>Cash Advances</b>	\$0.00
+ <b>Fees Charged</b>	\$0.00
+ <b>Interest Charged</b>	\$0.00
= <b>New Balance</b>	\$94.36

## PAYMENT INFORMATION

New Balance: \$94.36  
Minimum Payment Due: \$10.00  
Payment Due Date: May 4, 2017

42101-5560 \* 57.71 Finance Check  
Clock # 1425 + 36.65  
= 94.36

MESSAGES

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## TRANSACTIONS

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**NOTICE:** See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170409 0 PAGE 1 of 2 10 1485 0000 BS1 D1AB5106 14800

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$94.36  
Minimum Payment Due: \$10.00  
Payment Due Date: May 4, 2017

Please complete and enclose the bottom portion for proper credit.

**Payment Due Date:** May 4, 2017

ed.: \$

ments received at other than the address shown on the statement may be subject to a delay in crediting funds to the account.

**Amount Enclosed:** \$

Indicate name or address change on reverse side and check here.

**Make Check Payable to:**

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-502

S DUANE LEWIS 14804  
BERKELEY CO SHER DEPT H104  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

5594940061400139000010000000094360

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX 0139

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days In Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	30	\$0.00
Cash Advances	20.49% (v)	\$0.00	30	\$0.00

(v) - variable

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In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7842  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

DET. WARS TRANSPORTED  
KIDNAPPING VICTIM AND  
HER MOTHER TO M. U. S. C.  
FOR EXAMINATION.

Provided lunch to  
Family & Victim

SODEXO @ MUSC  
165 ASHLEY AVE  
CHARLESTON SC 29425  
(843) 792-9655  
[www.muschealth.com/nutrition](http://www.muschealth.com/nutrition)  
email us at dietary-  
cafeteria@musc.edu

Sale Terminal:1  
MasterCard \*\*\*\*\* \*\*\*\* \*\*\*

Auth:01730G  
Tbl:0 Ref: 1620376  
Date:3/17/2017 Time:2:41 pm  
Invoice:9012046 Name:Carmen

Approved - Thank You

Amount: \$26.65

MID: 345783301889

Cardholder agrees to pay issuer  
such total in accordance with  
issuer's agreement with  
cardholder.

Signature \_\_\_\_\_  
S DUANE LEWIS

*See Back*

CUSTOMER COPY

Tbl:0	Ref:1620376
	Chk:1620377
Carmen	3/17/2017 2:40 pm
2 Ocn Spry Orng Juic	4.58
2 Ocspr Apple Juice	4.58
3 Grilld Chickn Brst	9.57
2 Collard Greens	1.98
3 Meal Deal	-0.75
2 Rice Red	2.18
2 Macaroni And Cheese	1.98
SubTotal	24.12
State Tax	2.05
Hospitality Tax	0.48
Total	26.65
MC ****0139	26.65
Amount Paid	26.65

SODEXO @ MUSC  
165 ASHLEY AVE  
CHARLESTON SC 29425  
(843) 792-9655  
[www.muschealth.com/nutrition](http://www.muschealth.com/nutrition)

*See  
Back*

000 25 2017

DUANE LEWIS

THE BARONY HOUSE  
401 ALTMAN STREET  
MONCKS CORNER, SC 29461  
03/30/2017 13:19:25  
CREDIT CARD  
MC SALE

Card #: 4013 XXXXXXXXXX  
Chip Card: MASTERCARD  
AID: A0000000041010  
ATC: 0003  
TC: 8E25E52CC98BBB40  
SEQ #: 32  
Batch #: 36  
INVOICE 32  
SERVER 0006  
Approval Code: 03073G  
Entry Method: Chip Read  
Mode: Issuer

PRE-TIP AMT \$57.71  
TIP 10.00  
TOTAL AMOUNT 67.71

  
CUSTOMER COPY  
(BACH)

Meeting with Mayor  
Locklear  
Chief Cochran  
Major Bauer  
Major Brabham

42101-55601 \$57.71  
tip - check attached 10.00  
+ 67.71



APR 25 2017

**S DUANE LEWIS**

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**Send Billing Inquiries To:**  
P.O. Box 2988, Omaha, NE 68103

**FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement**  
**April 10, 2017 to May 10, 2017**

## SUMMARY OF ACCOUNT ACTIVITY

<b>Previous Balance</b>	<b>\$94.36</b>
- <b>Payments</b>	<b>\$94.36</b>
- <b>Other Credits</b>	<b>\$0.00</b>
+ <b>Purchases</b>	<b>\$1,907.95</b>
+ <b>Cash Advances</b>	<b>\$0.00</b>
+ <b>Fees Charged</b>	<b>\$0.00</b>
+ <b>Interest Charged</b>	<b>\$0.00</b>
= <b>New Balance</b>	<b>\$1,907.95</b>

Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$1,231.00
Statement Closing Date	May 10, 2017
Days in Billing Cycle	31

## PAYMENT INFORMATION

New Balance:	\$1,907.95
Minimum Payment Due:	\$48.00
Payment Due Date:	June 4, 2017
42101-5560	\$ 81.93
42191-5372	<u>1481.34</u>
	<u>1,563.27</u>
	Finance Check
Check Attached (D) #1436	14.00
Check Attached #	<u>330.68</u>
	<u>1,907.95</u>

MESSAGES

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**NOTICE:** See reverse side of page 1 for important information.

**S106 0001 JRM 001 7 5 170510 0 PAGE 1 of 2 10 1485 0900 BS1 Q1AB5106 15744**

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

**Account Number:** XXXX XXXX XXXX  
**New Balance:** \$1,907.95  
**Minimum Payment Due:** \$48.00  
**Payment Due Date:** June 4, 2017

**Please complete and enclose the bottom portion for proper credit.**

**Payment Due Date:** June 4, 2017

[View Details](#) | [Edit](#) | [Delete](#)

ed: ♀

**Amount Enclosed:** \$

Indicate name or address change on reverse side and check here.

**Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.**

**Make Check Payable to:**

S DUANE LEWIS 15744  
BERKELEY CO SHER DEPT H105  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

**CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30368-5025**

ATLANTA GA 30348-3623

559494006140013900004800001907958

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
05/01	05/01	85421203V00XTTVA2	PAYMENT - THANK YOU	\$94.36-
04/19	04/19	55432863E00JS4TXQ	THE TERRACE COLUMBIA SC 5531 & check attached	\$20.05 ✓
04/21	04/21	55432863F00A9WAK1	EMBASSY SUITES COLUMBI COLUMBIA SC 53°2	\$143.64 ✓
		CHECK-IN 04/21/17	FOLIO #008677	
04/26	04/26	55432863M00VS9YL8	LOGANS ROADHOUSE 214 SUMMERTOWN SC 53°1 & check	\$35.75 ✓
04/27	04/27	55429503MJH839Z61	WWW.RESERVATIONS.COM 8559562201 FL 53°2	\$14.99
		CHECK-IN 04/27/17	FOLIO #0000080966	
04/27	04/27	55432863M004PAV6K	HOTEL*RESERVATIONS.COM 877-903-0071 WA 53°2 & check attached	\$1,653.39
05/07	05/07	55457024060JRG0P5	BENNYS STEAK AND SEAFO JACKSONVILLE FL 5531 & check	\$40.13 ✓

**INTEREST CHARGE CALCULATION**

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PO BOX 105025

ATLANTA, GA 30348-5025

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Embassy Suites Columbia  
The Terrace  
200 Stoneridge Drive  
Columbia, SC 29210  
(803) 252-8700

-----  
CHECK: 3366  
TABLE: TV2/1  
SERVER: 266 AALIYAH CASH  
DATE: APR19'17 3:18PM  
CARD TYPE: Mastercard  
ACCT #: XXXXXXXXXX  
EXP DATE: XX/XX  
AUTH CODE: 01947J

SUBTOTAL: 17.05

Gratuity 3.00

Total 20.05

Signature Diane Lee

Sheriff's THANK YOU  
MCCOTTS



Name & Address

LEWIS, DWAIN  
223 NORT  
MONCKS CORNER SC 29461  
UNITED STATES OF AMERICA

Suite	223/KNGN
Arrival Date	4/19/2017 2:35:00 PM
Departure Date	4/20/2017 9:54:00 AM
Adult/Child	2/0
Suite Rate	126.00
Rate Plan:	SCS
HH #	
AL:	
Car:	

200 Stoneridge Drive • Columbia, SC 29210  
Phone (803) 252-8700 • Fax: (803) 256-8749  
For reservations across the nation  
[www.embassysuites.com](http://www.embassysuites.com) or 1-800-EMBASSY

*Folio*

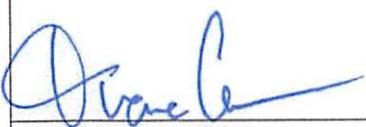
Confirmation Number: 84227871

4/20/2017

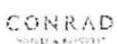


DATE	REFERENCE	DESCRIPTION	AMOUNT
4/19/2017	3612670	GUEST ROOM	\$126.00
4/19/2017	3612670	STATE TAX	\$8.82
4/19/2017	3612670	CITY TAX	\$6.30
4/19/2017	3612670	DESTINATION MARKETING FEE	\$2.52
4/20/2017	3612928	MC	(\$143.64)
		**BALANCE**	\$0.00
<b>EXPENSE REPORT SUMMARY</b>			
		4/19/2017 STAY TOTAL	
ROOM AND TAX		\$143.64	\$143.64
DAILY TOTAL		\$143.64	\$143.64

*Sheriff's ASSC. Meeting.*

ACCOUNT NO.	MC *0139
CARD MEMBER NAME	LEWIS, DWAIN
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
	
CARD MEMBER'S SIGNATURE	
X	

DATE OF CHARGE	FOLIO NO./CHECK NO.
4/20/2017	867765 A
AUTHORIZATION	INITIAL
01966J	
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-143.64



0064

Server: ROBIN H Rec: 31  
04/26/17 13:05, Swiped T: 43 Term: 9

LUGAN'S ROADHOUSE #214  
211 Azalea Square Blvd.  
Summerville, SC 29483  
(843)851-8666  
MERCHANT #:

CARD TYPE ACCOUNT NUMBER  
MASTER CARD XXXXXXXXXXXX  
00 TRANSACTION APPROVED  
AUTHORIZATION #: 02600J  
Reference: 0426010000064  
TRANS TYPE: Credit Card SALE

CHECK: 30.75  
TIP: 5.00  
TOTAL: 35.75

x Diane Lewis

PHONE: ( ) -  
\*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY CARD ISSUER ABOVE  
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT  
top copy -> customer

*Lunch meeting with  
SLED Agent DAVID LESLIE*

## Tracey Sawyer

---

**From:** Duane Lewis  
**Sent:** Thursday, April 27, 2017 1:54 PM  
**To:** Tracey Sawyer  
**Subject:** Fwd: Your Reservations.com Confirmation

MARINA INN  
DIRECT #  
843-913-1333

Sheriff S. Duane Lewis

Begin forwarded message:

**From:** [reservations@reservations.com](mailto:reservations@reservations.com)  
**Date:** April 27, 2017 at 1:45:19 PM EDT  
**To:** [duane.lewis@berkeleycountysc.gov](mailto:duane.lewis@berkeleycountysc.gov)  
**Subject:** Your [Reservations.com](#) Confirmation

Congratulations s duane lewis . You are on your way! Your hotel room reservation is confirmed at Marina Inn At Grande Dunes, Marina Inn at Grande Dunes, Amalfi Place, Myrtle Beach, SC, United States.

### Reservation Details

---

Your reservation is confirmed and your card has been charged.

Customer Name: s duane lewis

Confirmation Number: 283771776

Hotel

---

Marina Inn At Grande Dunes

Hotel Address: 8121 Amalfi Place

Hotel Rating: 4

Check In Date: 7/8/2017

Check Out Date: 7/13/2017

Room 1

Act phon# on file  
843-719-4439  
Calvin / Reserv.  
HOTEL  
CONF#  
205700

Room Type: Grand Room, 2 Queen Beds

Guests:

s duane lewis

adult adult

We understand that sometimes your travel plans change. We do not charge a change or cancel fee. However, this property (Marina Inn At Grande Dunes) imposes the following penalty to its customers that we are required to pass on: Cancellations or changes made after 6:00 PM ((GMT-05:00) Eastern Time (US & Canada)) on Jul 1, 2017, or no-shows, are subject to a 25.00 USD penalty and a 1 Night Room & Tax penalty.

Charges

Denise

Room Subtotal: USD \$1235.37

Tax: USD \$418.02

Total: USD \$1653.39

Service Fee: USD \$14.99

Total Paid: USD \$1668.38

\$330.68/night

Thank you,

Sheriff going up one night early. See attached check for one night.

Reservations.com

Need help? Visit <http://www.reservations.com/hotel/support> or call 844-656-1792

Payable through , acting as agent for the service operating company, details of which can be provided upon request.

VAT:

Reference: 283771776

--CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not read, use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail or telephone immediately and destroy all copies of the original message.

\* \* \* Restaurant \* \* \*  
Benny's Steak & Seafood  
Suite 175  
Jacksonville, FL 32202  
Phone: (904) 301-1014  
Date: May 07 '17 07:18PM  
Card Type: Master Card  
Acct #: XXXXXXXXXXXX  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 00789J  
Check: 1123  
Table: 305/1  
Server: 139 Kris W

Subtotal: 34.13  
Tip: 6.00  
Total: 40.13

S. Diane Cew -  
Signature

I agree to pay above total  
according to my card issuer  
agreement.

\*\*\* Customer Copy \*\*\*

FBI EXECUTIVE  
TRAINING

FBI Lecor

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

Billing Questions: Website:  
800-854-7642 www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
May 11, 2017 to June 9, 2017

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$1,907.95
- Payments	\$1,907.95
- Other Credits	\$0.00
+ Purchases	\$661.96
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$661.96
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,338.00
Statement Closing Date	June 9, 2017
Days in Billing Cycle	30

**PAYMENT INFORMATION**

New Balance: \$661.96  
Minimum Payment Due: \$17.00  
Payment Due Date: July 4, 2017

4201-5392 \$661.96 Finance Check  
JUN 22 2017  


**MESSAGES**

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
06/01	06/01	85421204V00XTRL7D	PAYMENT - THANK YOU	\$1,907.95-
05/11	05/11	555418645231VDAEM	HYATT REGENCY JACKSONV JACKSONVILLE FL	\$661.96
		CHECK-IN 05/07/17	FOLIO #000005594	

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170609 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 14982

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$661.96  
Minimum Payment Due: \$17.00  
Payment Due Date: July 4, 2017

Please complete and enclose the bottom portion for proper credit.

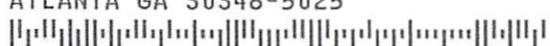
Amount Enclosed: \$ 

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025



S DUANE LEWIS 14982  
BERKELEY CO SHER DEPT H106  
PO BOX 6122  
MONCKS CORNER SC 29461-6120  


559494006140013900001700000661965

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	30	\$0.00
Cash Advances	20.49% (v)	\$0.00	30	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.



Hyatt Regency Jacksonville Riverfront  
225 East Coastline Drive  
Jacksonville, Florida 32202  
Tel: (904) 588-1234  
Fax: (904) 634-4554  
[www.jacksonville.hyatt.com](http://www.jacksonville.hyatt.com)

## INVOICE

Payee Solon Lewis  
223 N Live Oak Drive  
Po Box 6122  
Moncks Corner SC 29461

Confirmation No. 3229692001  
Group Name FBI-Leeda  
Booking No. 32JDQK47

Room No. 0910  
Arrival 05-07-17  
Departure 05-11-17  
Page No. 1 of 1  
Folio Window 1  
Folio No. 859576

Date	Description	Charges	Credits
05-07-17	Group Room	145.00	
05-07-17	City Surcharge	1.45	
05-07-17	Occupancy Sales Tax	10.25	
05-07-17	Occupancy City Tax	8.79	
05-08-17	Group Room	145.00	
05-08-17	City Surcharge	1.45	
05-08-17	Occupancy Sales Tax	10.25	
05-08-17	Occupancy City Tax	8.79	
05-09-17	Group Room	145.00	
05-09-17	City Surcharge	1.45	
05-09-17	Occupancy Sales Tax	10.25	
05-09-17	Occupancy City Tax	8.79	
05-10-17	Group Room	145.00	
05-10-17	City Surcharge	1.45	
05-10-17	Occupancy Sales Tax	10.25	
05-10-17	Occupancy City Tax	8.79	
05-11-17	Mastercard		
	XXXXXXXXXXXXXX	XX/XX	661.96

Total 661.96 661.96

Balance 0.00

THANK YOU FOR CHOOSING THE HYATT REGENCY JACKSONVILLE RIVERFRONT

Our goal is to provide every guest with an exceptional stay. Should you have any customer service feedback, please email us at [qualityjaxr@hyatt.com](mailto:qualityjaxr@hyatt.com)

For inquiries concerning your bill please call 855-869-0846

Please remit payment to:  
Hyatt Regency Jacksonville Riverfront  
P O Box 203686  
Dallas TX 75320-3686  
Email: [moore.jaxraccounting@hyatt.com](mailto:moore.jaxraccounting@hyatt.com)

FBI Law Enforcement EXECUTIVE Leadership  
TRAINING,

100% CASH

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

Billing Questions: 800-854-7642      Website: www.24-7cardaccess.com

Send Billing Inquiries To:  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
June 10, 2017 to July 10, 2017

**SUMMARY OF ACCOUNT ACTIVITY**

Previous Balance	\$661.96
- Payments	\$661.96
- Other Credits	\$1.69
+ Purchases	\$81.06
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$79.37

Account Number                    XXXX XXXX XXXX 0139  
Credit Limit                        \$4,000.00  
Available Credit                  \$3,920.00  
Statement Closing Date          July 10, 2017  
Days in Billing Cycle            31

**PAYMENT INFORMATION**

New Balance:                     \$79.37  
Minimum Payment Due:            \$10.00  
Payment Due Date:               August 4, 2017

Check #74620 attached        \$79.37

  
JUL 24 2017

**MESSAGES**

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

**TRANSACTIONS**

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
06/16	06/16	0558745570000FEQ7	RBT OUTBACK 4114 EASYSAVINGS NY CREDIT	\$1.69-
06/29	06/29	85421205P00XTS56V	PAYMENT - THANK YOU	\$661.96-
06/14	06/14	5543286562XVJB1NE	OUTBACK 4114 NORTH CHARLES SC	\$42.18
06/28	06/28	55500805K60T2JMXT	THE BARONY HOUSE MONCKS CORNER SC	\$38.88

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170710 0 PAGE 1 OF 2 1 0 1485 0000 BS1 01AB5106 15996

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance:                     \$79.37  
Minimum Payment Due:            \$10.00  
Payment Due Date:               August 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-5025



S DUANE LEWIS                    15996  
BERKELEY CO SHER DEPT        H107  
PO BOX 6122  
MONCKS CORNER SC 29461-6120  


559494006140013900001000000079379

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

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CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.



INTER OFFICE MEMORANDUM

DATE: July 24, 2017

TO: Melanie Chears

FROM: Sheriff Duane Lewis

REF: Missing receipts

I've misplaced two receipts and will turn them in to you as soon as they are located:

06/14/17 Outback Steakhouse \$42.18

06/28/17 Barony House \$38.88

Thank you.

*Meeting*

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX

**Billing Questions:** 800-854-7642      **Website:** [www.24-7cardaccess.com](http://www.24-7cardaccess.com)

**Send Billing Inquiries To:**  
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement  
July 11, 2017 to August 10, 2017

### SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$79.37
- Payments	\$79.37
- Other Credits	\$0.00
+ Purchases	\$60.44
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$60.44
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,939.00
Statement Closing Date	August 10, 2017
Days in Billing Cycle	31

## PAYMENT INFORMATION

New Balance: \$60.44  
Minimum Payment Due: \$10.00  
Payment Due Date: September 4, 2017

42101-5560      \$50.44 Finance Check  
Check Attached (S)      + 10.00  
# 1468      \$ 60.44

+ 10.00



AUG 23 2017

## MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.24-7cardaccess.com](http://www.24-7cardaccess.com) or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

TRANSACTIONS		An amount followed by a minus sign (-) is a debit unless otherwise noted.		
Trans Date	Post Date	Reference Number	Transaction Description	Amount
07/27	07/27	85421206H00XTMZ4V	PAYMENT - THANK YOU	\$79.37-
07/28	07/28	05410196JE9HABY54	APPLEBEES 711 38495115 MONCKS CORNER SC	\$34.79
08/02	08/02	85180896PWGSZY45N	ITALIAN BISTRO SUMMERTIME SC	\$25.65

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170810 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 15548

FARMERS AND MERCHANTS BANK OF SC  
PO BOX 723847  
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX  
New Balance: \$60.44  
Minimum Payment Due: \$10.00  
Payment Due Date: September 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER  
PO BOX 105025  
ATLANTA GA 30348-502

S DUANE LEWIS 15548  
BERKELEY CO SHER DEPT H108  
PO BOX 6122  
MONCKS CORNER SC 29461-6120

5594940061400139000010000000060445

S DUANE LEWIS  
Account Number: XXXX XXXX XXXX 0139

### INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

Are you making your payment through an online Bill Pay service? Look for the Payee "Card Assets" for faster delivery of your payment.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642  
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: [www.24-7cardaccess.com](http://www.24-7cardaccess.com) TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.

APPLEBEE'S  
NEIGHBORHOOD GRILL & BAR  
640 Rembert C. Dennis Blvd  
Moncks Corner, SC 29461  
843-761-4545

JACI ANNE D TB#84  
DATE: 07-28-17 TIME: 01:15 PM GUESTS: 2  
Check #:9511-37100

SOURCE: POS  
CARD TYPE: MAST  
CARD NUMBER: \*\*\*  
APPROVAL CODE: 02c  
Merchant ID: 491391  
Trans Type: AUTH

\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN \$100 CASH  
WEEKLY AND  
\$1,000 CASH MONTHLY

Go To: [www.talktoapplebees.com](http://www.talktoapplebees.com)  
within 3 days  
and tell us about your visit

NO PURCHASE NECESSARY TO ENTER.

Open to legal residents  
of the United States 18 or older,  
as at  
[www.talktoapplebees.com](http://www.talktoapplebees.com)  
to enter  
by

\*\*\*\*\*

\*

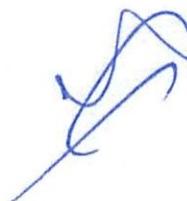
\*\*\*

TIP:

6.00

Total:

34.79



Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

AUG 23 2017

\*\* Guest Copy \*\*  
Meeting w/ TOMMY Newell  
Re: Vehicles

Italian Bistro  
1625 N Main ST Suite 105  
Summerville, SC 29483  
(843) 832-6001

08/02/2017 12:39:43  
Merchant ID: \*\*\*\*\*8651  
Device ID: 0629  
Terminal ID: PPX11

Credit Sale:

Transaction #: 8  
Card Type: MasterCard  
Account: \*\*\*\*\*  
Entry: Chief  
Server #: ]

Amount: \$21.65  
TIP: \$ 4.00  
Total: \$ 25.65

STAN: 008  
Auth. Code: 00233C  
Response: AUTH/TKT  
TRANS ID: HCBSSMJO10802

Mode: Issuer  
AID: #00000000041810  
TVR: 0000000000  
IAD: 0110009001220000C1F000000000000  
00FF

TSI: E800  
ARC: 00

Meeting w/ Chief Becker  
CUSTOMER COPY  
G.A.P.D.

Thank you!

AUG 23 2017